

WHEREAS, East Fallowfield Township (“Applicant”) desires to undertake the following project, East Fallowfield Community Park.

WHEREAS, the applicant desires to apply to the Department of Conservation and Natural Resources (“Department”) for a grant for the purpose of carrying out this project; and

WHEREAS, the application package includes a document entitled “Terms and Conditions of Grant” and a document entitled **“Signature Page for Grant Application and Grant Agreement”**; and

WHEREAS, the applicant understands that the contents of the document entitled “Terms and Conditions of Grant,” including appendices referred to therein, will become the terms and conditions of a Grant Agreement between the applicant and the Department **if the applicant is awarded a grant**; and

**NOW THEREFORE, it is resolved that:**

1. The (**“Signature Page for Grant Application and Grant Agreement”**) may be signed on behalf of the Applicant by the Official who, at the time of signing, has **TITLE** of  

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(Person appointed Must match **“TITLE”** on the Signature Page)
2. If this Official signed the (**“Signature Page for Grant Application and Grant Agreement”**) prior to the passage of this Resolution, this grant of authority applies retroactively to the date of signing.
3. If the applicant is awarded a grant, the **“Signature Page for Grant Application and Grant Agreement”**, signed by the above Official, will become the Applicant/Grantee’s **executed** signature page for the Grant Agreement, and the Applicant/Grantee will be bound by the Grant Agreement.
4. Any amendment to the Grant Agreement may be signed on behalf of the grantee by the Official who, at the time of signing of the amendment, has the **TITLE** specified in paragraph 1 and the Grantee will be bound by the amendment.

I hereby certify that this Resolution was adopted by the Board of Supervisors this 24<sup>th</sup> day of March 2009.

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Secretary (Signature of the Secretary of the governing body)

**(SUBMIT TWO originals in Blue Ink)**

<b>DCNR USE ONLY</b>
Project Number: _____